				Application or Doctor Number				
PATENT APPLICATION	ORD	106	02	7/16	• • •			
1/0/602716								
CLARIES AS FILED - PART I (Cotumn 1) (Cotumn 2)			SMAL	TYPE CO			OTHER THAN	
TOTAL CLASS	77		RXI	E FEE	7	RATE	PEE	
FOR	HANDER FILED	MANDER EXTRA	9490	FEE 375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLASS	77 minus 20.	• 5.7	750	-	OR	X\$18e	1026	
PROFESSION OF STREET	10 minus3-	1	Xe2	-	OR	X84=	588	
MULTPLE DEPENDENT CLAIM PRESENT			1 114	_	08	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2				ų l	OR	TOTAL	77.50	
CLAMS AS AMENDED - PART II						OTHER		
1-14-05 (Column 1)	(Colum		SHA SHA	TEMMY	OR	SHALL		
REMARKING AFTER AMERICAN	PAED PAED	BER PRESENT	RAT	E TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total -	Minus = 7	7.00	X\$ 8		ОЯ	X\$18=		
Independent .	Minus es / C		X42	• 17	OR	X84=		
			+140	-17	OR	+280=		
5-25-05			ADDIT, F	A	OR	YOTAL ADDIT FEE		
(Column 1)	(Colum		3					
D REMARKS AFTER AFTER AMERICANT	HIGH HILL PREVIO PAID	BER PRESENT WSLY EXTRA	RATI	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AFTER ASSENDMENT 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Macus • 7	7 • —	xs		OR	Xere=		
		0 -	74.5		OR	X84-		
PRIST PRESENTATION OF ME	AJPLE DEPENDENT	CAN	+140		OR	360		
11/2/05			ADDIT F		OR	YOUL ADOIL FEE		
(Column 1) (Column 2) (Column 3)								
- REMARKS AFTER ALEXANDERS	HOGH HAM PREVIO PAID	TOTAL STATE	Fam	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
Total 75	Minus - 7	7	1 3		OR	X\$18=		
Experience   S		O- 1-	1		OR	XB4•		
FIRST PRESENTATION OF MUSTIPLE DEPENDENT CARM					OR	+260-		
* If the entry is column 1 by lass then the entry is column 2, artis 17 is column 3.  "If the Thinbest Number Providently Paid For IN THIS SPINCE is 1				ar T	OR	YOUAL		
The Tighest Number Printingly Paid For St 1945 6474CE 10 100 100 100 100 100 100 100 100 100								
CONTROLS FOR USE TO THE	- 100 (000)	- as -	泵	at Colon V	100			
	S					of Charles	· 1	